STATE OF NEW MEXICO

UNIFORM CRASH REPORT

INSTRUCTION MANUAL

Transportation Statistics Section
New Mexico Department of Transportation
1120 Cerrillos Road
P.O. Box 1149
Santa Fe, New Mexico   87504
505-827-6866

PREFACE

Investigating traffic crashes is one of an officer's primary duties. Thus, the "Uniform Crash Report" form was designed to help the officer to systematically conduct and report his investigation; and to aid the various state agencies to obtain necessary data. Information extracted from the form is used for engineering improvement planning, other traffic safety planning, and selective enforcement. Also, the State of New Mexico receives grant money as a result of meeting national standards on the coding of crashes. The form is designed to comply with the standards set forth in the Federal Manual on Classification of Motor Vehicle Traffic Accidents and Model Minimum Uniform Crash Criteria. The report of the officer's investigation must answer questions as to WHERE and WHEN the crash happened; WHO was involved; WHAT the drivers were intending to do, WHAT types of vehicles were involved; and HOW the crash occurred. The officer's findings are utilized by the:

New Mexico Department of Transportation ,National Highway Traffic Safety Administration, Taxation & Revenue Department (Motor Vehicle Division), New Mexico State Police, the Courts and many other traffic and safety organizations and agencies.

It is the duty of each officer to thoroughly investigate all traffic crashes reported to him/her (***EVEN IF ONE OR MORE OF THE VEHICLES HAS BEEN MOVED***) and to submit the required, final, legible uniform crash report form(s). Statute 66-7-207c dictates, "Every law enforcement officer who, in the regular course of duty, investigates a motor vehicle crash of which report must be made as required in this section, either at the time of and at the scene of the crash or thereafter by interviewing participants or witnesses, shall, with in twenty-four hours after completing the investigation, forward a written report of the crash to the New Mexico Department of Transportation". We sincerely appreciate your efforts.

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GENERAL INSTRUCTIONS FOR COMPLETING THE "UNIFORM CRASH REPORT" FORM

1.   Type or use a black ball point pen to fill in report. Please write legibly.

2.   If three or more vehicles are involved, use additional "Uniform Crash Report" forms to record the information. Indicate the sheet number on the additional form; fill out the location block and other pertinent information. Sign and date the additional sheets.

3.   If necessary, use one form (working copy) at the scene and transcribe the information later to a new form (final copy) in a very legible manner.

4.   A measurement diagram should be made at the crash scene. All crash measurements should be made with a tape measure to insure accuracy.

5.   When necessary to mark boxes use an "X". Clearly fill-in.

6.   Instructions for the computerized version of this report are displayed in *blue italic print. Each field in the computerized report will display instructions on what goes in the field.*

7.   **Only the State of New Mexico Uniform Crash Report form will be accepted by the New Mexico Department of Transportation. All others will be rejected.**

NOTE: THE UCR IS PROVIDED BY THE NMDOT

CRASH
INVESTIGATION

SH 10074
REVISED
April 4, 2005
NMDOTUCR

STATE OF NEW MEXICO
UNIFORM CRASH REPORT
0000000000

REPORTING DEPARTMENT

☐ ON PRIVATE PROPERTY ☐ FATAL ☐ INJURY **PROPERTY DAMAGE ONLY** ☐ UNDER $500 ☐ Over $500 ☐ HIT AND RUN

Case Number: **0000000**

NMDOT:

DATE OF CRASH M/D/YR	MILITARY TIME	CITY OCCURRED IN	COUNTY

SUN	M	Tu	W	Th	F	S	OCCURRED ON: (Route No. or Name)	AT INTERSECTION WITH:	TRIBAL LAND? ☐ Yes ☐ No
☐	☐	☐	☐	☐	☐	☐			

OTHER LOCATION	☐ FEET ☐ MILES	N ☐ S ☐ E ☐ W ☐ Of:	PERMANENT LANDMARK - COUNTY LINE – INTERSECTION - MILEPOST	LAT: LONG:

CRASH OCCURRED	☐ On Roadway ☐ Off Roadway	**CRASH CLASSIFICATION**	☐ Overturned ☐ Rollover	☐ Other N-Col ☐ R.R. Train	☐ Pedestrian ☐ Pedal Cyclist	☐ Other Vehicle ☐ Animal	☐ Vehicle on Other Rdwy ☐ Fixed Object	☐ Parked Vehicle ☐ Other Object	**ANALYSIS CODE:**

Vehicle No. 1

VEHICLE NO. HEADED **1** ☐ N ☐ S ☐ E ☐ W On: 　Posted Speed 　Safe Speed

Drivers Full Name	Address

Driver's License Number	State	Type	Restrictions	Expires	City/State	Zip Code	Phone

Date of Birth - M/D/YR	Social Security Number	Occupation	Age	Sex (M/F)	Race	Injury Code	OP Code	OP Used Proerly	Airbag Deploy	Ejected	EMS#

Seat Pos.	Occupant's Name	Occupant's Address (City, State, Zip)

Vehicle Yr.	Vehicle Make	Color	Body Style	Cargo Body Type	Vehicle Use (1)	Vehicle Use (2)	Towed? ☐ Yes ☐ No	Overall Vehicle Damage ☐ Heavy ☐ Moderate ☐ Light ☐ None	Extent ☐ Disabling ☐ Functional ☐ Appearance ☐ Property ☐ Fire ☐ None	☐ RF ☐ RR ☐ F ☐ R ☐ LF ☐ LR ☐ Top ☐ Undercarriage

License Yr.	State	License Plate Number	VIN	Towed due to disabling damage? ☐ Yes ☐ No

US DOT	ICC Docket #	Interstate Carrier? ☐ Yes ☐ No

Number of Axles	Vehicle Weight Rating/Gross Combination Weight Rating ☐ < OR = 10,000 lbs ☐ 10,001 to 26,000 ☐ > 26,000	Hazmat Placard 4 digit #	OR Hazmat Name	AND 1 digit #	Hazmat Released? ☐ Yes ☐ No

Carrier's Name	Carrier's Address	Carrier'sZip

Owner's Name	Owner's Address	Owner's Zip	Owner's Telephone

Insured By: (Name of Company)	Policy Number	Liability Insurance? ☐ Yes ☐ No	Trailer or Towed vehicles	Type	Year	Make	License Yr.	License State	License Number

Vehicle No. 2 or PEDESTRIAN - OTHER

Vehicle No. HEADED **2** ☐ N ☐ S ☐ E ☐ W On: 　Posted Speed 　Safe Speed

Drivers Full Name	Address

Driver's License Number	State	Type	Restrictions	Expires	City/State	Zip Code	Phone

Date of Birth - M/D/YR	Social Security Number	Occupation	Age	Sex (M/F)	Race	Injury Code	OP Code	OP Used Proerly	Airbag Deploy	Ejected	EMS#

Seat Pos.	Occupant's Name	Occupant's Address (City, State, Zip)

Vehicle Yr.	Vehicle Make	Color	Body Style	Cargo Body Type	Vehicle Use (1)	Vehicle Use (2)	Towed? ☐ Yes ☐ No	Overall Vehicle Damage ☐ Heavy ☐ Moderate ☐ Light ☐ None	Extent ☐ Disabling ☐ Functional ☐ Appearance ☐ Property ☐ Fire ☐ None	☐ RF ☐ RR ☐ F ☐ R ☐ LF ☐ LR ☐ Top ☐ Undercarriage

License Yr.	State	License Plate Number	VIN	Towed due to disabling damage? ☐ Yes ☐ No

US DOT	ICC Docket #	Interstate Carrier? ☐ Yes ☐ No

Number of Axles	Vehicle Weight Rating/Gross Combination Weight Rating ☐ < OR = 10,000 lbs ☐ 10,001 to 26,000 ☐ > 26,000	Hazmat Placard 4 digit #	OR Hazmat Name	AND 1 digit #	Hazmat Released? ☐ Yes ☐ No

Carrier's Name	Carrier's Address	Carrier'sZip

Owner's Name	Owner's Address	Owner's Zip	Owner's Telephone

Crash Report Number **0000000000**
Case Number **0000000**

STATE OF NEW MEXICO UNIFORM CRASH REPORT

SHEET
OF 　SHEETS

ILLUSTRATION NUMBER 1

2

Important definitions as used in the UCR:

CRASH - The contact or collision of a vehicle and, a bicycle, conveyance, person or object that results in; injury or death to a person, or damage to any vehicle or object. The contact can be a result of intentional or negligent actions.

IN MOTION: includes motion of a vehicle off a roadway as well as on a roadway.

IN READINESS FOR MOTION: does not apply to a vehicle which is in any area designated for parking or which is on a shoulder. A motor vehicle in a parking area or on a shoulder cannot be IN TRANSPORT unless the vehicle is IN MOTION.

IN TRANSPORT: is the state or condition of a vehicle when it is in use primarily for moving persons or property (including the vehicle itself) from one place to another and is
- In motion
- In readiness for motion
- On a roadway, but not parked in a designated parking area

OFF-ROADWAY - the portion of the traffic way NOT designed, improved and ordinarily used for vehicular travel. This includes the berm, shoulder (paved or unpaved), roadside, median, or sidewalk. It also includes any other area that is not used for vehicular travel such as a field, yard or parking lot.

PEDESTRIAN: is an person not in or upon a motor vehicle or other road vehicle. Includes: a person afoot, sitting, lying, or working upon a roadway. Person in or operating a pedestrian conveyance. Excludes: person boarding or alighting from another conveyance, except pedestrian conveyance. Person falling or jumping from a motor vehicle in transport.

PEDESTRIAN CONVEYANCE: is any human powered device by which a pedestrian may move, or by which a person may move another pedestrian, other than by pedaling. Includes: baby carriage, coaster wagon, ice skates, perambulator, push cart, roller skates, scooter, skis, sled, wheel chair, rickshaw. Excludes: any pedal cycle
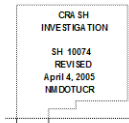
ROADWAY - the portion of the traffic way designed, improved and ordinarily used for vehicular travel. Please note that it **includes** the centerline, but **excludes** median, shoulder, roadside and sidewalk.

VEHICLE: means every device that is self-propelled in, upon or by which any person or property is or may be transported or drawn upon a roadway

SPECIFIC INSTRUCTIONS FOR COMPLETING THE
CRASH REPORT FORM

LINE 1

STATE OF NEW MEXICO
UNIFORM CRASH REPORT

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REPORTING DEPARTMENT					
☐ ON PRIVATE PROPERTY	☐ FATAL ☐ INJURY	PROPERTY DAMAGE ONLY	☐ UNDER $500 ☐ Over $500	☐ HIT AND RUN	Case Number: ()
					NMDOT:

REPORTING DEPARTMENT – Print the entire name of the department making the report. Do not abbreviate. *Press "Tab" to move to the next field.*

FORM NUMBER- Type the red form number from your paper form in this block. The number will be filled throughout the remainder of the document for you.

ON PRIVATE PROPERTY – Place an "X" in this box only when the crash occurs on private property.
Move your mouse pointer over the check box. When the hand appears left click to check the box, left click again to uncheck. Press "Tab" to move to the next field.

FATAL, INJURY, PROPERTY DAMAGE – Place an "X" is in the box of the greatest severity level of the crash, a fatality being most severe, etc. *Move your mouse pointer over the check box. When the hand appears left click to check the box, left click again to uncheck. Press "Tab" to move to the next field.*

HIT AND RUN – If the crash involves hit and run, an "X" must be placed in the "Hit and Run" box, regardless of the other boxes marked. *Move your mouse pointer over the check box. When the hand appears left click to check the box, left click again to uncheck. Press "Tab" to move to the next field.*

CASE NUMBER – Number assigned by the respective law enforcement agency. *Press "Tab" to move to the next field.*

NMDOT NUMBER – Number assigned by the New Mexico Department of Transportation. *This number is assigned by the New Mexico Department of Transportation. Leave it blank! Press "Tab" to move to the next field.*

LINE 2

DATE OF CRASH M/D/YR	MILITARY TIME	CITY OCCURRED IN	COUNTY

DATE OF CRASH – Numerically enter the month, day and year the crash occurred. *Type the date in this manner: MONTH/DAY/YEAR. Press "Tab" to move to the next field.*

MILITARY TIME – Military time must be entered. 1:00AM is not appropriate. *Press "Tab" to move to the next field.*

Examples: <u>Military Time (It begins at 1 minute after midnight)</u>

12:00 Mid =   2400
12:01 AM =   0001
1:00 AM =   0100
11:59 AM =   1159
12:00Noon = 1200
1:00 PM =   1300
6:00 PM =   1800
11:59 PM =   2359

CITY OCCURRED IN – If the crash occurred within a municipality give the name of the city, otherwise the name of the town, or settlement where crash occurred. Do not abbreviate names. *Press "Tab" to move to the next field.*

COUNTY – List County where crash occurred. DO NOT ABBREVIATE county name. Add county code if known. *Press "Tab" to move to the next field.*

LINE 3

SUN	M	Tu	W	Th	F	S	OCCURRED ON: (Route No. or Name)	AT INTERSECTION WITH:	TRIBAL LAND?
☐	☐	☐	☐	☐	☐	☐			☐ Yes ☐ No

SUN M T W T F SAT (WEEK DAYS) – Indicate by an "X" in proper box the day of week the crash occurred. *Move your mouse pointer over the check box. When the hand appears left click to check the box, left click again to uncheck. Press "Tab" to move to the next field.*

OCCURRED ON (Route No. or Name) – Enter the name or number of the street or highway on which the crash occurred. Use assigned route number or street name whenever possible. Locally known or locally used name seldom provides enough information for accurate coding. *Press "Tab" to move to the next field.*

AT INTERSECTION WITH – If the crash occurred in the intersection, enter the name or number of the cross street. *Press "Tab" to move to the next field.*

TRIBAL LAND – "X" appropriate box. *Move your mouse pointer over the check box. When the hand appears left click to check the box, left click again to uncheck. Press "Tab" to move to the next field.*

LINE 4

OTHER LOCATION	☐ FEET ☐ MILES	N	S	E	W	Of:	PERMANENT LANDMARK - COUNTY LINE – INTERSECTION - MILEPOST	LAT:
		☐	☐	☐	☐			LONG:

OTHER LOCATION -Indicate the distance from a permanent point. Make the entry just to the left of the word "Miles." If the distance is measured in miles, measure to the nearest tenth (1/10) of a mile. If the distance is measured in feet,

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measure to exact foot. Do not use business names (such as Fred's Texaco or Wagon Wheel Bar) as reference points. *Press "Tab" to move to the next field.*

DIRECTION - Place an "X" in the proper box to indicate the direction (North, South, East, or West) from the permanent point. *Move your mouse pointer over the check box. When the hand appears left click to check the box, left click again to uncheck. Press "Tab" to move to the next field.*

PERMANENT LANDMARK, COUNTY LINE, INTERSECTION, MILEPOST-
Indicate the closest permanent landmark (county line, major intersection, culvert, bridge, railroad crossing, etc.). Include all possible identifying numbers such as "Bridge 4766" attached to the railing or "Railroad Grade Crossing Number 21473B" attached to the cross buckle or gate assemblies. If in an urban area, always enter distance from the name of NEAREST intersecting road or street. **DO NOT** use city or town limits since these are not permanent points and can be moved. *Press "Tab" to move to the next field.*

MILEPOST LOCATION – if mileposts are present on the street or highway on which the crash occurs ALWAYS indicate measurements and directions from the nearest milepost. Mileposts, if present, are to be used in all instances. *Press "Tab" to move to the next field.*

LATITUDE & LONGITUDE – If known, indicate Latitude and Longitude. *Press "Tab" to move to the next field.*

LINE 5

CRASH OCCURRED	On Roadway / Off Roadway	CRASH CLASSIFICATION	☐ Overturned ☐ Rollover	☐ Other N-Col ☐ R.R. Train	☐ Pedestrian ☐ Pedal Cyclist	☐ Other Vehicle ☐ Animal	☐ Vehicle on Other Rdwy ☐ Fixed Object	☐ Parked Vehicle ☐ Other Object	ANALYSIS CODE:

CRASH OCCURRED -"X" the appropriate box to indicate whether the first harmful event of the crash occurred "on roadway" or "off roadway". *Move your mouse pointer over the check box. When the hand appears left click to check the box, left click again to uncheck. Press "Tab" to move to the next field.*

Definitions:

ON-ROADWAY - A crash is classified "On-Roadway" if it occurs in that portion of the traffic way designed, improved and ordinarily used for vehicular travel. Please note that it includes the centerline, but excludes median, shoulder, roadside and sidewalk. However, if at the time of the crash, the motor vehicle occupied any portion of the roadway, the crash shall be considered to have occurred on the roadway.

OFF-ROADWAY -Off-Roadway applies to any crash in which the first event producing damage or inflicting injury occurs off the roadway. Thus, a crash in which the first event occurs on the shoulder (paved or unpaved), roadside, median, or sidewalk is classified as "Off-Roadway."

INADEQUATE INFORMATION – If there is insufficient information to determine clearly into which category the crash belongs, classify as "On Roadway" rather than "Off Roadway"

CRASH CLASSIFICATION – "X" the appropriate box in accordance with the description. *Move your mouse pointer over the check box. When the hand appears left click to check the box, left click again to uncheck. Press "Tab" to move to the next field.*

CRASH CLASS-IFICATION	DESCRIPTIONS	"X" THIS BOX
Overturning Crash	Any crash in which a motor vehicle in transport overturns for any reason with or without prior crash.	Overturned
Rollover	Any crash in which a motor vehicle in transport rolls over at least 360º with or without prior crash	Rollover
Other Non-Collision Crash	Any crash involving a motor vehicle in transport other than an overturning, rollover, and collision INCLUDES: Accidental poisoning from carbon monoxide generated by a motor vehicle in transport. Breakage of any part of the motor vehicle, resulting in injury or further property damage. Explosion of any part of a motor vehicle. Fall, jump, or being pushed from a motor vehicle. Occupant hit by an object in, or thrown against some part of the motor vehicle. Injury or damage from moving part of the motor vehicle. Object falling from, or in the motor vehicle. Object falling on the motor vehicle. Toxic or corrosive chemicals leaking out of the motor vehicle. Injury or damage involving only the motor vehicle that is of a non-collision nature such as: a bridge giving way under the weight of a motor vehicle, striking holes or bumps on the surface of the traffic way, driving into water without overturning or collision. Vehicles towing a sled, tube or other such device. Other injury or damage which originates upon or in the motor vehicle, excluding events not a hazard of transport such as: a fight between occupants, occupant injured by a burning cigarette, or similar events. EXCLUDES: Carbon monoxide poisoning in a motor vehicle not in transport. Breakage of any part such as fanbelt, tire, or axle if there is no additional damage or injury. Injury or damage resulting from a discharge of a firearm in the motor vehicle. Injury or damage resulting from working on a motor vehicle not in transport.	Other N-Col

CRASH CLASSIFICATION	DESCRIPTIONS	"X" THIS BOX
Collision involving Railway Train	Any crash involving a motor vehicle in transport and a railway train or railway vehicle. INCLUDES: Railway train, with or without cars. Motorized railway device. EXCLUDES: Non-motorized devices not set in motion by a railway train or railway vehicle Collisions in which a railway train was involved in a railway transport crash prior to involvement with the motor vehicle, such as derailment, or throwing some part, other road vehicle, animal, or pedestrian against a motor vehicle GENERAL: Motion of the motor vehicle is immaterial; it can be stopped in the path of the railway train or in motion. Whether the motor vehicle or railway train does the actual striking is immaterial.	R.R. Train
Collision involving a pedestrian	Any crash involving a motor vehicle in transport and a pedestrian INCLUDES: Person on foot, sitting, lying, or working upon a land, way, or place. Person in or operating a pedestrian conveyance. EXCLUDES: Person boarding or alighting from another conveyance, except a pedestrian conveyance. Person in the process of jumping or falling from a motor vehicle in transport. Any crash involving a motor vehicle in transport and a pedal cyclist in transport	Pedestrian

CRASH CLASSIFICATION	DESCRIPTIONS	"X" THIS BOX
Collision Involving Pedal cyclist	INCLUDES: Any of the following devices in transport: Unicycle Bicycle Tricycle Trailers or sidecars attached to any of the above devices EXCLUDES: Pedal cycle towed by a motor vehicle, including: Hitching Unoccupied Pedal cycle GENERAL: A pedal cyclist is any person riding upon a pedal cycle or in a sidecar attached to the pedal cycle. EXCEPTION: A stopped pedal cycle is considered to be in transport if in readiness for transport, such as stopped at a stop sign, traffic light, or waiting in traffic for any reason, if attended, and the pedal cyclist need not be occupying the riding saddle, but not pushing the bicycle. A coasting bicycle pedal cycle with rider in transport. If the motor vehicle and the pedal cycle are in transport, which one does the striking is immaterial.	Pedal Cyclist
Collision Involving Motor Vehicle in Transport	Any crash involving at least two motor vehicles in transport upon the same roadway or upon roadways within an intersection. INCLUDES: Collision with motor vehicle stopped, disabled, or abandoned on a roadway other than an area designated for parking. In addition includes vehicle parts, debris or gravel/rock falling from vehicle or set in motion from the roadway. Towed vehicles or trailers disconnecting. EXCLUDES: Collision with motor vehicle on other roadway.	Other Vehicle
Collision Involving an Animal	Any crash involving a motor vehicle in transport and a herded or unattended animal. INCLUDES: Domestic and wild animals, flying animals such as birds and bats. EXCLUDES: Ridden animals, animal drawn conveyance. GENERAL: Injury to wild animals such as birds and rabbits, is excluded if there is no injury to any person or damage to the motor vehicle.	Animal

CRASH CLASSIFICATION	DESCRIPTIONS	"X" THIS BOX
Collision Involving Motor Vehicle on Other Road	Any crash in which a motor vehicle is in transport leaves the roadway on which it is in transport and collides with another motor vehicle in transport on another roadway. INCLUDES: Crossing media an colliding on opposite roadway. Crossing barrier and colliding on collector-distributor roadway. Crossing shoulder and colliding on frontage roadway. EXCLUDES: Crossing centerline of multiple-lane roadway. Leaving roadway and returning to same roadway. Collision at intersecting roadway.	Vehicle on Other Rdwy
Collision Involving Fixed Object	Any crash involving a motor vehicle in transport and a fixed object. INCLUDES: Any object attached to the terrain. Tree, boulder, utility pole, traffic signals, guardrail, bridge, abutment, or similar objects. Any object intentionally placed for an official purpose; traffic barricades , road machinery, construction machinery, construction materials, or similar objects placed on or along the roadway placed for some purpose. EXCLUDES: Any object in motion.	Fixed Object
Collision Involving Parked Motor Vehicle	Any crash involving a motor vehicle in transport with a motor vehicle not in transport. INCLUDES: Motor vehicle parked in a place designed for parking, even though the permitted time period may have expired. Motor vehicle stopped or parked along the roadway where normal usage permits such stopping or parking, including parking adjacent to curbs and parking on traffic way shoulders. Motor vehicle stopped, disabled, or abandoned off roadway. Load in the process of falling from a parked motor vehicle. *Continued next page*	Parked Vehicle

CRASH CLASSIFICATION	DESCRIPTIONS	"X" THIS BOX
Collision Involving Parked Motor Vehicle	EXCLUDES: Motor vehicle stopped or parked in traffic lanes, such as double-parked, stalled, or abandoned vehicle. In tunnels or on bridges where parking is prohibited, or in a parking lot during the hours that it is required to be clear for traffic. Stopped or parked self propelled machinery even though such machinery is considered a motor vehicle when in transport. Load that has fallen from a parked motor vehicle.	Parked Vehicle
Collision Involving Other Objects	Any crash involving a motor vehicle in transport and any other object, which is moveable or moving. INCLUDES: Animal –drawn vehicle of any type. Animal carrying a person. Streetcar. Objects dropped from motor vehicle or other vehicles but not in motion. Special devices not considered in transport or as fixed objects. Fallen tree or stone. Landslide or avalanche materials not in motion. Pedal cycle not in transport. Railway devices moved by human power. Non-motorized devices not set in motion by railway train or railway vehicle. EXCLUDES: Objects set in motion by aircraft, watercraft, railway, or other motor vehicle. Objects set in motion by cataclysm, lightning, or other natural and environmental factors.	Other Object

ANALYSIS CODE – Enter appropriate analysis code using the "Crash Classification and Analysis" code table. *Select the appropriate Analysis code from the drop-down menu. Press "Tab" to move to the next field.*

CRASH OCCURRED	✓ On Roadway ☐ Off Roadway	CRASH CLASSIFICATION	☐ Overturned ✓ Rollover	☐ Other N-Col ☐ R.R. Train	☐ Pedestrian ☐ Pedal Cyclist	☐ Other Vehicle ☐ Animal	☐ Vehicle on Other Rdwy ☐ Fixed Object	☐ Parked Vehicle ☐ Other Object	ANALYSIS CODE:	2

Example Shown: If you "X" Rollover classification, you would enter 2= Left Side Road

LINE 6

VEHICLE NO. HEADED	N ☐	S ☐	E ☐	W ☐	On:		Posted Speed	Safe Speed

VEHICLE NO. 1 HEADED:

-Type in the vehicle number (1 or 3 etc). The remaining vehicle number blocks will fill in automatically. *Press "Tab" to move to the next field.*

-"X" the appropriate box N-S-E-W to indicate the direction the vehicle was headed. *Move your mouse pointer over the check box. When the hand appears left click to check the box, left click again to uncheck. Press "Tab" to move to the next field.*

-Spell out the name of the street or highway. *Press "Tab" to move to the next field.*

-Place posted speed limit in the box labeled "Posted Speed". *Press "Tab" to move to the next field.*

-In the "Safe Speed" box, indicate your opinion as to safe speed based on your observations of road, weather, traffic or other conditions existing at the time of the crash. If the safe speed differs from the posted speed, clarify your opinion of safe speed in the narrative portion of the report. *Press "Tab" to move to the next field.*

LINE 7

Drivers Full Name	Address

(Pertains to Vehicle No. 1 Driver)
DRIVER'S FULL NAME - Enter driver's full name. The name should be verified by his/her Driver's License and other identification. (First, middle, last) *Press "Tab" to move to the next field.*

 ADDRESS - Ask the driver for his/her address and compare with his/her Driver's License. Enter the correct address. *Press "Tab" to move to the next field.*

LINE 8

Driver's License Number	State	Type	Restrictions	Expires	City/State	Zip Code	Phone

(**Pertains to Vehicle No. 1 Driver**)
DRIVER'S LICENSE NUMBER – Enter the Driver's License number. *Press "Tab" to move to the next field.*

STATE – Enter the state that issued the Driver's License. *Select the appropriate state abbreviation from the drop-down menu. Press "Tab" to move to the next field.*

TYPE – Enter the class of Driver's License. If you have an out of state license, select the New Mexico equivalent from the code sheet. *Select the appropriate class code from the drop-down menu. Press "Tab" to move to the next field.*

RESTRICTIONS – List any restrictions shown on the Driver's License. *Select the appropriate restriction code from the drop-down menu. Press "Tab" to move to the next field.*

EXPIRES – Enter expiration date of Driver's License. *Press "Tab" to move to the next field.*

CITY/STATE – Enter City and State shown on the Driver's License. *Press "Tab" to move to the next field.*

ZIP CODE – Enter Zip Code shown on the Driver's License. *Press "Tab" to move to the next field.*

PHONE # - Enter Driver's home phone or work phone number. *Press "Tab" to move to the next field.*

LINE 9

Date of Birth - M/D/YR	Social Security Number	Occupation

DATE OF BIRTH – Enter Driver's date of birth.

Example: Mo. 08/ Day 01/ Yr. 45
Press "Tab" to move to the next field.
(**Pertains to No. 1 Vehicle Driver**)
SOCIAL SECURITY NUMBER – Enter driver's Social Security Number.
Press "Tab" to move to the next field.
OCCUPATION – Enter driver's occupation.
Press "Tab" to move to the next field.

LINE 10

Seat Pos.	Occupant's Name	Occupant's Address (City, State, Zip)

SEAT POSITION - Enter the driver's and each passenger's seating position. When completing their "Seat Pos." use the seat position codes listed. *Select the appropriate seat position code from the drop-down menu. Press "Tab" to move to the next field.*

 OCCUPANT'S NAME - Enter the driver's and each passenger's names. *Press "Tab" to move to the next field.*

OCCUPANT'S ADDRESS - Enter the driver's and each passenger's address. *Press "Tab" to move to the next field.*

LINE 11

Age	Sex (M/F)	Race	Injury Code	OP Code	OP Used Proerly	Airbag Deploy	Ejected	EMS#

AGE - Enter the age for the driver and all passengers. *Press "Tab" to move to the next field.*

SEX - Enter the sex (M or F) for the driver and all passengers. *Press "Tab" to move to the next field.*

RACE – Enter the Race for the driver and all passengers. *Select the appropriate race code from the drop-down menu. Press "Tab" to move to the next field.*

INJURY CODE - Enter the appropriate injury code described in the list for driver and all passengers. *Select the appropriate injury code from the drop-down menu. Press "Tab" to move to the next field.*

Example: Enter "K" if killed.

OP CODE - Enter the appropriate occupant protection code in the list for driver and all passengers. *Select the appropriate occupant protection code from the drop-down menu. Press "Tab" to move to the next field.*

OP USED PROPERLY - Enter "Y" or "N" if occupant protection was used properly for driver and all passengers. *Select Y, N or I from the drop-down menu. Press "Tab" to move to the next field.*

AIRBAG DEPLOY - Enter appropriate code for airbag deployment for driver and all passengers. *Select the appropriate airbag deployment code from the drop-down menu. Press "Tab" to move to the next field.*

EJECTED - Enter the appropriate ejection code for driver and all passengers. *Select the appropriate ejection code from the drop-down menu. Press "Tab" to move to the next field.*

EMS # - Enter 4-digit EMS # from ambulance only when a person is transported from the scene by an ambulance. *Press "Tab" to move to the next field.*

LINE 12

Vehicle Yr.	Vehicle Make	Color	Body Style	Cargo Body Type	Vehicle Use (1)	Vehicle Use (2)

VEHICLE YEAR - Enter the year the vehicle was manufactured. *Press "Tab" to move to the next field.*

VEHICLE MAKE - Enter vehicle make code. *Select the vehicle make code from the drop-down menu. Press "Tab" to move to the next field.*

Example: Chevrolet: CHEV. Mercury: MERC., etc.

VEHICLE COLOR - Enter vehicle color. Use abbreviations from the table. When vehicle is of one color, the appropriate three-letter code is sufficient (i.e. GLD). *Select the vehicle color code from the drop-down menu. Press "Tab" to move to the next field.*

> **NOTE**: When vehicle is more than one color, the order of listing shall be from top to bottom or front to rear. Use a slash (/) to separate (i.e. White top and Red bottom – WHI/RED).

BODY STYLE - Use the listed codes for body style. *Select the appropriate body style code from the drop-down menu. Press "Tab" to move to the next field.*

CARGO BODY TYPE – *(this applies only to large trucks and buses)* The cargo body type should be the one which best represents the purpose for which the vehicle was designed and built. When there is no type of Cargo Body attached to the vehicle, such as on a Truck / Tractor (Bobtail) mark "Not Applicable". If the Cargo Body type does not match any of the listed marks "Other". *Select the appropriate cargo body type code from the drop-down menu. Press "Tab" to move to the next field.*

VEHICLE USE (1) – *(this applies only to large trucks and buses)* **Enter appropriate code using the "Vehicle Use 1" code table on backside of UCR of Page 1.** *Select the appropriate vehicle use code from the drop-down menu. Press "Tab" to move to the next field.*

VEHICLE USE (2) – *(this applies only to large trucks and buses)* **Enter appropriate code using the "Vehicle Use 2" code table on backside of UCR of Page 1.** *Select the appropriate vehicle use code from the drop-down menu. Press "Tab" to move to the next field.*

LINE 13

Towed?	Overall Vehicle Damage	Extent		
☐ Yes ☐ No	☐ Heavy	☐ Disabling	☐ RF	☐ RR
Towed due to disabling damage?	☐ Moderate	☐ Functional ☐ Appearance	☐ F	☐ R
	☐ Light	☐ Property		
☐ Yes ☐ No	☐ None	☐ Fire ☐ None	☐ LF ☐ LR ☐ Top ☐ Undercarriage	

TOWED – "X" if vehicle was towed from scene. *Move your mouse pointer over the check box. When the hand appears left click to check the box, left click again to uncheck.*

TOWED DUE TO DISABLING DAMAGE – "X" if vehicle was towed from the scene due to disabling due to damage or not. *Move your mouse pointer over the check box. When the hand appears left click to check the box, left click again to uncheck.*

OVERALL VEHICLE DAMAGE – "X" the overall severity of the damage to the vehicle as a result of the crash. *Move your mouse pointer over the check box. When the hand appears left click to check the box, left click again to uncheck.*

EXTENT: - "X" the extent or type of damage to the vehicle. *Move your mouse pointer over the check box. When the hand appears left click to check the box, left click again to uncheck.*

VEHICLE DIAGRAM – "X" boxes on vehicle where damage occurred. It is also acceptable to shade in damage areas. *Move your mouse pointer over the check box. When the hand appears left click to check the box, left click again to uncheck.*

LINE 14

License Yr.	State	License Plate Number	VIN

LICENSE YEAR – Indicate the most current registration year. *Press "Tab" to move to the next field.*

STATE – Enter the abbreviation of the state that issued the license plate. *Select the appropriate state abbreviation from the drop-down menu. Press "Tab" to move to the next field.*

LICENSE NUMBER – Enter the number that is shown on the license plate. **Do not** enter any validation sticker number. *Press "Tab" to move to the next field.*

VIN – Enter the vehicle identification number. The registration certificate should be used to verify the VIN. *Press "Tab" to move to the next field.*

LINE 15

US DOT	ICC Docket #	Interstate Carrier? ☐ Yes ☐ No

US DOT NUMBER – *(this applies only to large trucks and buses)* Obtain from Single State Registration or on side of vehicle. If vehicle is not regulated enter N/A for not applicable. (Refers to Vehicle No. 1) *Press "Tab" to move to the next field.*

ICC DOCKET # - *(this applies only to large trucks and buses)* Obtain from Single State Registration or on side of vehicle. *Press "Tab" to move to the next field.*

INTERSTATE CARRIER – *(this applies only to large trucks and buses)* "X" in appropriate box. *Move your mouse pointer over the check box. When the hand appears left click to check the box, left click again to uncheck.*

LINE 16

Number of Axles	Vehicle Weight Rating/Gross Combination Weight Rating ☐ < OR = 10,000 lbs ☐ 10,001 to 26,000 ☐ > 26,000	Hazmat Placard 4 digit #	OR	Hazmat Name	AND	1 digit #	Hazmat Released? ☐ Yes ☐ No

NUMBER OF AXLES – *(this applies only to large trucks and buses)* Indicate number of axles of vehicle. *Press "Tab" to move to the next field.*

GROSS VEHICLE WEIGHT RATING/GROSS COMBINATION WEIGHT RATING – *(this applies only to large trucks and buses)* The GVWR for most vehicles is located on a metal plate on the driver's door edge or door latch post. The GVWR for larger trucks is usually found on the driver's side of the vehicle by opening the door and looking at the hinge pillar, door-latch post, or door edge. Mark appropriate box. *Move your mouse pointer over the check box. When the hand appears left click to check the box, left click again to uncheck.*

NOTE: The GVWR for BUSES is often difficult to locate. If you are unable to locate this information, obtain the GVWR from the vehicle registration. Mark appropriate box.

HAZMAT PLACARD – *(this applies only to large trucks and buses)* Most vehicles carrying hazardous materials are required by law to conspicuously

display a placard indicating the class, type or the specific name of the hazardous materials cargo. All Placards are diamond shaped. *Press "Tab" to move to the next field.*

 FOUR DIGIT PLACARD NUMBER *– (this applies only to large trucks and buses)* In addition, vehicles transporting hazardous materials in tank cars, cargo tanks or portable tanks are required to display the 4-digit Hazardous Material Number assigned to the specific material on placards or orange panels. If the vehicle displays a hazardous material placard with a 4-digit number, then enter that number in the space provided. *Press "Tab" to move to the next field.*

<div align="center">

OR

</div>

HAZMAT NAME OR 1 DIGIT # - *(this applies only to large trucks and buses)* If the 4-digit number is not displayed, then the placard should have one of the following names on it. Enter this name in the space. One-digit Placard Number from Bottom of Diamond - If a 1-digit number also appears at the bottom tip of the diamond, enter it in the space provided. *Press "Tab" to move to the next field.*

HAZMAT RELEASED – *(this applies only to large trucks and buses)*The purpose of this question is to record whether or not the placarded material was released. The correct answer is "YES" only if material was released from the cargo tank or compartment of the truck. Fuel spilled from the vehicle fuel tank should not be counted, even though it is a hazardous material. *Move your mouse pointer over the check box. When the hand appears left click to check the box, left click again to uncheck.*

LINE 17

Carrier's Name	Carrier's Address	Carrier'sZip

 CARRIER NAME -*(this applies only to large trucks and buses)* Enter the name of the motor carrier responsible for the shipment. *Press "Tab" to move to the next field.*

 CARRIER ADDRESS – *(this applies only to large trucks and buses)*Indicate the principal place of business used by the carrier name above, city and state. *Press "Tab" to move to the next field.*

 CARRIER ZIP CODE – *(this applies only to large trucks and buses)* Indicate state zip code where principal place of business is located. *Press "Tab" to move to the next field.*

> **NOTE:** Determining the motor carrier and recording the carrier's identification number, name and address can be difficult. A motor carrier is the party responsible for the transportation of the goods, property or people, which means that the carrier name may be different from the name on the side of the truck due to contractual arrangements.

The first place you should look for a company name to verify the correct carrier is on **the SHIPPING PAPERS** the driver carries in the cab. In case of a bus, the driver must carry a **TRIP MANIFEST** or **CHARTER ORDER** which will provide the name of the motor carrier.

LINE 18

Owner's Name	Owner's Address	Owner's Zip	Owner's Telephone

OWNER'S NAME - Enter the registered owner's name as found on the vehicle registration certificate. Do not enter the lien holder. *Press "Tab" to move to the next field.*

OWNERS ADDRESS - Enter registered owner's address. City and State may be abbreviated. *Press "Tab" to move to the next field.*

OWNERS ZIP CODE – Indicate owner's state zip code. *Press "Tab" to move to the next field.*

OWNER'S TELEPHONE – Enter owner's home or office telephone number. *Press "Tab" to move to the next field.*

LINE 19

Insured By: (Name of Company)	Policy Number	Liability Insurance? ☐ Yes ☐ No	Trailer or Towed vehicles	Type	Year	Make	License Yr.	License State	License Number

INSURED BY -Enter the vehicle owner's insurance company name. *Press "Tab" to move to the next field.*

POLICY NUMBER – Enter the policy number. *Press "Tab" to move to the next field.*

LIABILITY INSURANCE -"X" the "Yes" or "No" box to indicate if the vehicle owner has liability insurance. *Move your mouse pointer over the check box. When the hand appears left click to check the box, left click again to uncheck.*

NOTE: This should be the vehicles current and valid insurance information.

TRAILER OR TOWED VEHICLES:

TYPE – Enter the type of trailer or trailers according to the list:
(If towed vehicle is not a trailer refer to the previous list of vehicle types.) *Press "Tab" to move to the next field.*

YEAR – Indicate the year model of the trailer or trailers *Press "Tab" to move to the next field.*

MAKE – Abbreviate the manufacturer of the trailer(s) or vehicle(s) in tow. *Press*

"Tab" to move to the next field.

LICENSE YEAR – Indicate the most current registration year. *Press "Tab" to move to the next field.*

LICENSE STATE – Indicate the state issuing the license plate. *Select the appropriate state abbreviation from the drop-down menu. Press "Tab" to move to the next field.*

LICENSE NUMBER – Indicate the state license plate number for the trailer(s) or vehicle(s) in tow. (If the trailer has more that one license plate, the "home state" plate will be used.) *Press "Tab" to move to the next field.*

LINE 20 thru 25

Indicate same type of information shown for vehicle 1.

If this portion is being used for **PEDESTRIAN INFORMATION <u>LINE THRU</u>** "~~Vehicle No.2~~" on Line 20 and "~~Driver~~" on Line 21. *Select Vehicle, Pedestrian, or Other from the dropdown menu.* Pedestrian information should include the following:
-**Line 20** except "Posted Speed" and "Safe Speed."
-**Line 21**
-**Line 22** (if possible)
-**Line 23**
-**Line 24**
-**Line 25** (**Except** "OP Code, OP Used Properly, Airbag Deploy, Ejected)

LINE 26 – 33 Indicate same type of information as shown for "Vehicle 1"

LINE 34

Crash Report Number **0000000000**	**STATE OF NEW MEXICO UNIFORM CRASH REPORT**	SHEET
Case Number **0000000**		OF SHEETS

UNIFORM CRASH REPORT NUMBER – Number generated from NMDOT. This number will automatically fill in when entered on line 1.

CASE NUMBER – Number assigned by the respective law enforcement agency. This number will automatically fill in when entered on line 1.

STATE OF NEW MEXICO UNIFORM CRASH REPORT– Select Issuing Agency Copy or NMDOT copy from the drop down menu. Print out one copy for each agency. *Press "Tab" to move to the next field.*

SHEET OF SHEETS – Indicate the sheet number and the total number of forms, pages of supplementary narratives, passenger lists, diagrams, etc… *Press "Tab" to move to the next field.*

ROAD – WEATHER

Crash Report Number 0000000000

Case Number 0000000

LIGHTING (Check 1)
- ☐ Daylight
- ☐ Dawn
- ☐ Dusk
- ☐ Dark - Lighted
- ☐ Dark - Not Lighted
- ☐ Other

WEATHER (Check 1)
- ☐ Clear
- ☐ Raining
- ☐ Snowing
- ☐ Fog
- ☐ Dust
- ☐ Wind
- ☐ Other
- ☐ Sleet or Hail

ROAD COND (Check 1 for each)
V 1	V 2	
☐	☐	Dry
	☐	Wet
	☐	Snow
	☐	Ice
	☐	Loose Material
	☐	Other
	☐	Standing or Moving Water
	☐	Slush

ROAD SURFACE (Check 1 for each)
V 1	V 2	
☐	☐	Paved Unstriped
	☐	Paved Center Stripe
	☐	Paved Center & Edgeline
	☐	Unpaved

TRAFFIC CONTROL (Check 1 for each)
V 1	V 2	
☐	☐	No Passing Zone
	☐	Stop Sign
	☐	Traffic Signals
	☐	Yield Sign
	☐	R.R. Gate
	☐	4 Way Stop
	☐	Flashers
	☐	No Controls
	☐	Other

ROAD CHARACTER (Check 1)
- ☐ Straight
- ☐ Curve

GRADE (Check 1)
- ☐ Level
- ☐ Hillcrest
- ☐ On Grade
- ☐ Dip

ROAD DESIGN (Check 1 OR more for each)
V 1	V 2		V 1	V 2	
☐	☐	Dry	☑	☐	One Way
☐	☐	Wet	☐		Ramp
☐	☐	Snow	☐		Full Access Control
☐	☐	Ice	☐		Undeveloped
☐		Undivided	☐		Alley
☐		Physical Divider	☐		Other
☐		Painted Divider	☐		Constr. Zone

EVENT

APPARENT CONTRIBUTING FACTORS (Check 1 or more for each)
V 1	V 2		V 1	V 2		V 1	V 2	
☐	☐	Excessive Speed	☐	☐	Following too closely	☐	☐	Defective steering
☐	☐	Speed too fast for cond.	☐	☐	Made improper turn	☐	☐	Defective tires
☐	☐	Failed to yield right of way	☐	☐	Driver inattention	☐	☐	Other mech. defect
☐	☐	Passed stop sign	☐	☐	Under influence of alcohol	☐	☐	Road defect
☐	☐	Disregarded traffic signal	☐	☐	Other improper driving	☐	☐	Other No DVR error
☐	☐	Drove left of center	☐	☐	Pedestrian error	☐	☐	Trfc ctrl not funct.
☐	☐	Improper overtaking	☐	☐	Inadequate brakes	☐	☐	Improp lane change
☐	☐	Avoid no contact vehicle	☐	☐	Driverless moving vehicle	☐	☐	Improper backing
☐	☐	Avoid no contact -other	☐	☐	Failed to yield Police Veh(s)	☐	☐	None
☐	☐	Cell phone	☐	☐	Failed to yield–Emrgcy Veh(s)			
☐	☐	Low Visibility due to smoke	☐	☐	High speed pursuit			

WHAT DRIVERS WERE DOING (Check 1 or more for each)
V 1	V 2		V 1	V 2	
☐	☐	Going Straight	☐	☐	Stopped for traffic
☐	☐	Overtaking /Passing	☐	☐	Stopped 4 sign/signal
☐	☐	Right Turn	☐	☐	Start in traffic lane
☐	☐	Left Turn			
☐	☐	U Turn	☐	☐	Start frm park
☐	☐	Slowing	☐	☐	Parked
☐	☐	Backing	☐	☐	Other

SEQUENCE OF EVENTS (See event codes)
V 1	V 2	
		FIRST EVENT
		SECOND EVENT
		THIRD EVENT
		FOURTH EVENT

DRIVER

DRIVER OR PEDESTRIAN SOBRIETY (Check 1 or more for each with X)
- ☐ Consumed Alcohol
- ☐ Consumed a Controlled Substance
- ☐ Had Not Consumed Alcohol
- ☐ Sobriety Unknown
- ☐ Consumed Medication
- ☐ Breath Test Administered
  - _____ gms/210L   _____ gms/210L
- ☐ Blood Test Administered
- ☐ Field Sobriety Test
- ☐ Refused Test

DRIVER OR PEDESTRIAN PHYSICAL CONDITION (Mark 1 or more for each with X)
V 1	V 2		V 1	V 2	
☐	☐	Fatigue-Asleep	☐	☐	Medication
☐	☐	Eyesight Imp.	☐	☐	Amputee
☐	☐	Hearing Imp.	☐	☐	No App. Defects
☐	☐	Ill	☐	☐	*Other Physical Impairment

*SPECIFY:

PEDESTRIAN

PEDESTRIAN ACTION

At Intersection
V 1	V 2	
☐	☐	With Signal
☐	☐	Against Sign.
☐	☐	No Signal
☐	☐	Diagonal

Not at Intersection
V 1	V 2		V 1	V 2	
☐	☐	From Behind Obstruction	☐	☐	Walking Against Traff
☐	☐	No Crosswalk	☐	☐	Standing
☐	☐	Crosswalk	☐	☐	Pushing or Working on Vehicle
☐	☐	Walking W/Traffic	☐	☐	Playing in Road
☐	☐	*Other			

NARRATIVE

Describe what happened – refer to vehicles by number.

OTHER PROPERTY INVOLVED

DESCRIPTON OF PROPERTY AND DAMAGE

Owner's Name	Owner's Addres	Owner's Zip Code	Owner's Telephone

WITNESS

NAME	AGE	ADDRESS	TELEPHONE

ENFORCEMENT ACTION

VEH. NO.	NAME	VIOLATION (COMMON NAME)	ACTION
			☐ Booked ☐ Cited ☐ Pending
			☐ Booked ☐ Cited ☐ Pending
			☐ Booked ☐ Cited ☐ Pending

Crash Report Number 0000000000

Case Number 0000000

STATE OF NEW MEXICO UNIFORM CRASH REPORT

SHEET
OF _____ SHEETS

ILLUSTRATION NUMBER 2

Example 1:
One form used   Sheet 1 of 2 Sheets
Example 2:
One form and one Diagram/Narrative used   Sheet 1 of 3 sheets
                                                   Sheet 2 of 3 sheets
                                                   Sheet 3 of 3 sheets

LINE 35
Road Weather

	LIGHTING (Check 1)	WEATHER (Check 1)	ROAD COND (Check 1 for each)		ROAD SURFACE (Check 1 for each)		TRAFFIC CONTROL (Check 1 for each)		ROAD CHARACTER (Check 1)	

	LIGHTING (Check 1)	WEATHER (Check 1)	ROAD COND V1 / V2	ROAD SURFACE V1 / V2	TRAFFIC CONTROL V1 / V2	ROAD CHARACTER (Check 1)	Crash Report Number **0000000000**
R O A D – W E A T H E R	☐ Daylight ☐ Dawn ☐ Dusk ☐ Dark - Lighted ☐ Dark - Not Lighted ☐ Other	☐ Clear ☐ Raining ☐ Snowing ☐ Fog ☐ Dust ☐ Wind ☐ Other ☐ Sleet or Hail	☐ ☐ Dry ☐ ☐ Wet ☐ ☐ Snow ☐ ☐ Ice ☐ ☐ Loose Material ☐ ☐ Other ☐ ☐ Standing or Moving Water ☐ ☐ Slush	☐ ☐ Paved Unstriped ☐ ☐ Paved Center Stripe ☐ ☐ Paved Center & Edgeline ☐ ☐ Unpaved	☐ ☐ No Passing Zone ☐ ☐ Stop Sign ☐ ☐ Traffic Signals ☐ ☐ Yield Sign ☐ ☐ R.R. Gate ☐ ☐ 4 Way Stop ☐ ☐ Flashers ☐ ☐ No Controls ☐ ☐ Other	☐ Straight ☐ Curve	

GRADE (Check 1): ☐ Level ☐ Hillcrest ☐ On Grade ☐ Dip

Case Number **0000000**

ROAD DESIGN (Check 1 OR more for each):
V1 / V2 ☐ ☐ Dry ☐ ☐ Wet ☐ ☐ Snow ☐ ☐ Ice ☐ ☐ Undivided ☐ ☐ Physical Divider ☐ ☐ Painted Divider
V1 / V2 ☑ ☐ One Way ☐ ☐ Ramp ☐ ☐ Full Access Control ☐ Undeveloped ☐ ☐ Alley ☐ ☐ Other ☐ ☐ Constr. Zone

1.   **LIGHTING** – Place an "X" in the box next to appropriate lighting condition. If some condition other than the specific ones exists, place an "X" next to "other" and specify what lighting condition exists below this box. Check one condition only. *Move your mouse pointer over the check box. When the hand appears left click to check the box, left click again to uncheck.*

2.   **WEATHER** – Place an "X" in the box next to the appropriate weather condition. If some condition other than the specific ones exists, place an "X" next to "other" and specify what weather condition exists below this box. Check only one condition. An example of "other" sandstorm. *Move your mouse pointer over the check box. When the hand appears left click to check the box, left click again to uncheck.*

3.   **ROAD CONDITION** – Place an "X" in the box provided for each vehicle to describe the road conditions. *Move your mouse pointer over the check box. When the hand appears left click to check the box, left click again to uncheck.*

4.   **ROAD SURFACE** – Place an "X" in the box for the applicable road surface for each vehicle. Only one box for each vehicle should be marked. *Move your mouse pointer over the check box. When the hand appears left click to check the box, left click again to uncheck.*

5.   **TRAFFIC CONTROL** – Place an "X" in the box provided for each vehicle showing the traffic control provided at the intersection or highway. *Move your mouse pointer over the check box. When the hand appears left click to check the box, left click again to uncheck.*

6.   **ROAD CHARACTER** – "X" the applicable block, which best describes the road character for the crash location. *Move your mouse pointer over the check box. When the hand appears left click to check the box, left click again to uncheck.*

7.   **ROAD GRADE** – "X" the one block, which most describes the road grade for the crash location. *Move your mouse pointer over the check box. When the hand appears left click to check the box, left click again to uncheck.*

8.   **ROAD DESIGN** – Place an "X" in one or more of the blocks for each vehicle. The numbers of lanes refers to the number available to one vehicle. *Move your mouse pointer over the check box. When the hand appears left click to check the box, left click again to uncheck.*

9.   The following are descriptions of the various types of roadways:

1. **Two-way, not divided** - Two-way traffic street or highway with opposing lanes of traffic, separated by nothing more than a standard painted centerline. As long as the markings are not more than two feet in overall width it is considered "not physically divided." If the overall width of the markings exceeds two feet, it should be classified as "Two-way, divided, unprotected median".

2. **Two-way, divided, unprotected median** – Two-way traffic street or highway with opposing lanes of traffic separated by a median. Medians may be depressed, raised or flush with the pavement surface and may be grass, landscaped or constructed of asphalt or concrete. A continuous left-turn lane is physical separation.

3. **Two-way, divided, positive median barrier** - Two-way traffic highway with opposing lanes of traffic separated by a concrete wall, guardrail or other barrier intended to restrain or redirect an errant vehicle.

4. **One-way, not divided-** roadway, including ramps, one-way streets, etc., which serves traffic moving in only one direction.

5. **Unknown**- If roadway does not meet any of the above, mark this box.

>   **Example 1:** On an interstate highway in an urban area, a   tractor/semi-trailer collided with a passenger car resulting in   severe injuries to the car's driver. The opposing direction of the interstate was separated by a narrow concrete barrier. The correct box is "Two-way, divided, positive median barrier".

>   **Example 2:**   A truck was exiting an interstate highway and rolled over on a sharp curve while still on the exit ramp. The correct code is "One-way, not divided".

Crashes at intersections require special attention. The proper code for a reportable crash at an intersection would be the type of roadway on which the truck or bus was traveling just prior to the crash.

> **Example 1:** A truck was exiting an interstate highway and collided with a passenger car in the middle of the intersection where the interstate ramp met a four lane cross street.

Since this crash occurred in the middle of the intersection and the truck had been traveling on the ramp just prior to the collision, the correct code is "One-way, not divided". *Move your mouse pointer over the check box. When the hand appears left click to check the box, left click again to uncheck.*

LINE 36
Event

EVENT	APPARENT CONTRIBUTING FACTORS (Check 1 or more for each)						WHAT DRIVERS WERE DOING (Check 1 or more for each)				SEQUENCE OF EVENTS (See event codes)	
	V1	V2	V1	V2	V1	V2	V1	V2	V1	V2	V1	V2
	☐	☐ Excessive Speed	☐	☐ Following too closely	☐	☐ Defective steering	☐	☐ Going Straight	☐	☐ Stopped for traffic		
	☐	☐ Speed too fast for cond.	☐	☐ Made improper turn	☐	☐ Defective tires	☐	☐ Overtaking /Passing	☐	☐ Stopped 4 sign/signal		
	☐	☐ Failed to yield right of way	☐	☐ Driver inattention	☐	☐ Other mech. defect	☐	☐ Right Turn	☐	☐ Start in traffic lane		FIRST EVENT
	☐	☐ Passed stop sign	☐	☐ Under influence of alcohol	☐	☐ Road defect	☐	☐ Left Turn				
	☐	☐ Disregarded traffic signal	☐	☐ Other improper driving	☐	☐ Other No DVR error	☐	☐ U Turn				SECOND EVENT
	☐	☐ Drove left of center	☐	☐ Pedestrian error	☐	☐ Trfc ctrl not funct.	☐	☐ Slowing	☐	☐ Start frm park		
	☐	☐ Improper overtaking	☐	☐ Inadequate brakes	☐	☐ Improp lane change	☐	☐ Backing				THIRD EVENT
	☐	☐ Avoid no contact vehicle	☐	☐ Driverless moving vehicle	☐	☐ Improper backing			☐	☐ Parked		
	☐	☐ Avoid no contact -other	☐	☐ Failed to yield Police Veh(s)	☐	☐ None			☐	☐ Other		FOURTH EVENT
	☐	☐ Cell phone	☐	☐ Failed to yield–Emrgcy Veh(s)								
	☐	☐ Low Visibility due to smoke	☐	☐ High speed pursuit								

1. **APPARENT CONTRIBUTING FACTORS** – Place an "X" next to the appropriate circumstance or circumstances for each driver. It is possible to mark more than one box for a driver. If another circumstance existed that is not listed, place an "X" next to "other" and specify the circumstance under the box. Even though a driver may be extremely intoxicated, alcohol may not be a contributing factor to the crash. *Move your mouse pointer over the check box. When the hand appears left click to check the box, left click again to uncheck.*

2. **WHAT DRIVERS WERE DOING** – Place an "X" on the block most applicable for each vehicle involved. EXAMPLE: If a vehicle is passing while going straight ahead, place an "X" in OVERTAKING-PASSING. *Move your mouse pointer over the check box. When the hand appears left click to check the box, left click again to uncheck.*

3. **SEQUENCE OF EVENTS** –*(this applies only to large trucks and buses)* Enter the code in the order of events which occurred involving this vehicle. In other words, if an automobile and a tractor trailer were involved in a crash, the sequence of events starts with the first event that happened to the tractor trailer, regardless of what happened to the first automobile. Only the **first four events** should be reported. Because this can be somewhat confusing, the following are examples of how this section should be filled in:

Example 1: A tractor/semi-trailer goes out of control on an icy roadway and eventually strikes a bridge abutment and overturns. The tractor then catches fire after overturning. The following codes are entered to properly describe the sequence of events for this crash:

Event 1:	(Ran Off Road)
Event 2:	(Collision Involving Fixed Object)
Event 3:	(Overturned)
Event 4:	(Explosion or Fire)

Example 2: An automobile strikes a guardrail and then strikes a single unit truck. The truck then overturns and loses its cargo. The following sequence should be entered for this crash:

Event 1:	(Collision Involving Vehicle in Transport)
Event 2:	(Overturned)
Event 3:	(Cargo Lost or Shifted)

The reason that the first event was not reported (collision Involving fixed object) was because this event did not involve the truck. The first event which involved the truck was the collision with the automobile.

Move your mouse pointer over the check box. When the hand appears left click to check the box, left click again to uncheck.

LINE 37
Driver

DRIVER	DRIVER OR PEDESTRIAN SOBRIETY (Check 1 or more for each with X)	DRIVER OR PEDESTRIAN PHYSICAL CONDITION (Mark 1 or more for each with X)	PEDESTRIAN	PEDESTRIAN ACTION		
				At Intersection	Not at Intersection	
	☐ Consumed Alcohol	V1 V2		V1 V2	V1 V2	V1 V2
	☐ Consumed a Controlled Substance	☐ ☐ Fatigue-Asleep ☐ ☐ Medication		☐ ☐ With Signal	☐ ☐ From Behind Obstruction	☐ ☐ Walking Against Traff
	☐ Had Not Consumed Alcohol	☐ ☐ Eyesight Imp. ☐ ☐ Amputee		☐ ☐ Against Sign.	☐ ☐ No Crosswalk	☐ ☐ Standing
	☐ Sobriety Unknown	☐ ☐ No App. Defects		☐ ☐ No Signal		☐ ☐ Pushing or Working on Vehicle
	☐ Consumed Medication	☐ ☐ Hearing Imp. ☐ ☐ *Other Physical Impairment		☐ ☐ Diagonal	☐ ☐ Crosswalk	☐ ☐ Playing in Road
	☐ Breath Test Administered				☐ ☐ Walking W/Traffic	
	_____ gms/210L _____ gms/210L	☐ ☐ Ill			☐ ☐ *Other	
	☐ Blood Test Administered					
	☐ Field Sobriety Test					
	☐ Refused Test	*SPECIFY:				

1. **DRIVER OR PEDESTRIAN SOBRIETY** – Based on your investigation and observations indicate the sobriety of each driver involved. This block applies to both alcohol and narcotic drugs. More than one block can be checked for each driver. *Move your mouse pointer over the check box. When the hand appears left click to check the box, left click again to uncheck. For chemical testing, enter the BrAC if known.*

2. **DRIVER OR PEDESTRIAN PHYSICAL CONDITION** – Indicate the apparent physical condition of each driver or pedestrian involved. The term "medication" will include any legal prescription drug or over-the-counter medication such as cough syrup or aspirin as well as illegal drugs of any type. *Move your mouse*

pointer over the check box. When the hand appears left click to check the box, left click again to uncheck.

3. **PEDESTRIAN ACTION** – Place an "X" in the appropriate box provided for what the pedestrian was doing before the crash. *Move your mouse pointer over the check box. When the hand appears left click to check the box, left click again to uncheck.*

LINE 38

Describe what happened – refer to vehicles by number.

NARRATIVE

CRASH NARRATIVE - Use short sentences to describe how the crash happened.

1. Describe and explain important and pertinent information such as the direction and manner of travel before and during the crash, evasive action, and events of the crash to provide a clearer picture of what happened.
2. Narrative subject areas to be considered: Introductory paragraph, Driver statements, Witness statements, Vehicle examination, Scene examination, Opinions/Conclusions; Other paragraphs dealing with the investigation.
3. Avoid the use of vague statements.
4. Do not repeat facts found in other parts of the report, but you may emphasize or explain any point that needs clarification.
5. State if the crash involved DWI/DUI. **Document** if breath and/or blood test were administered. If so, **document** results if available.
6. If more space is needed, use the supplemental Diagram/Narrative.

The above information, properly correlated with an examination of the vehicle and statements from principals and witnesses, gives an investigator clues as to *why* the crash happened.

To access the crash narrative, move mouse pointer over the block. When the pointer turns to crosshairs, left click 2 times. An embedded Word document will appear for you to type in. You may type as if a regular document in this section, and may run spell and grammar checks. Once completed, click onto a field outside of the document you just typed (such as the witness information block). The embedded document will close and you may continue filling in additional blocks.

NOTE: Space is limited in this block. If your narrative reaches the bottom of the embedded document page (which is sized to the narrative block) it will automatically

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generate another embedded document page. This additional page will be hidden and will not print. If you require more space, move to the diagram narrative sheet and complete your narrative.

Be careful to not move the embedded document. It is unlocked so that you may type in it, so it is possible to move or drag it away from its proper location. If you accidentally move the embedded document, drag it back til the outline matches the original placement of the document. Be careful not to resize the document as it is formatted to fit this block.

LINE 39

OTHER PROPERTY INVOLVED	DESCRIPTON OF PROPERTY AND DAMAGE			
	Owner's Name	Owner's Addres	Owner's Zip Code	Owner's Telephone

OTHER PROPERTY INVOLVED – Describe the property other than vehicle damaged in the crash. *Press "Tab" to move to the next field.*

OWNER'S NAME – Enter the property owner's name. *Press "Tab" to move to the next field.*

OWNER'S ADDRESS – Enter the property owner's address. *Press "Tab" to move to the next field.*

OWNERS ZIP CODE – Enter the property owner's zip code. *Press "Tab" to move to the next field.*

OWNERS TELEPHONE # - Enter the property owner's telephone number. *Press "Tab" to move to the next field.*

LINE 40

WITNESS	NAME	AGE	ADDRESS	TELEPHONE

WITNESS – Enter witness name. *Press "Tab" to move to the next field.*

AGE – Enter the age of witness. *Press "Tab" to move to the next field.*

ADDRESS - Enter address of witness (address, city, state, zip code). *Press "Tab" to move to the next field.*

TELEPHONE – Enter telephone number of witness (work, home, cell phone). *Press "Tab" to move to the next field.*

LINE 41

ENFORCEMENT ACTION	VEH. NO.	NAME	VIOLATION (COMMON NAME)	ACTION		
				☐ Booked	☐ Cited	☐ Pending
				☐ Booked	☐ Cited	☐ Pending
				☐ Booked	☐ Cited	☐ Pending

ENFORCEMENT ACTION:

Vehicle Number – Enter the vehicle number of violator. *Press "Tab" to move to the next field.*

Name – Enter the name of the violator(s). *Press "Tab" to move to the next field.*

Violation – Enter the common name of the violation(s). *Press "Tab" to move to the next field.*

Action – "X" if booked, "X" if cited, "X" if pending
Move your mouse pointer over the check box. When the hand appears left click to check the box, left click again to uncheck.

LINE 42

Time Notified	Time Arrived	Notified By	Supervisor at Scene	Checked By

Time Notified – Enter military time. *Press "Tab" to move to the next field.*

Time Arrived – Enter military time. *Press "Tab" to move to the next field.*

Notified By – If possible, try to obtain the name and address of persons calling in the crash. If information is received by radio, enter "via radio" or "via State Police, Albuquerque", "via Roswell Police Department Radio", etc… *Press "Tab" to move to the next field.*

Supervisor at Scene – If supervisor is present, enter name, rank, otherwise enter "none". *Press "Tab" to move to the next field.*

Checked By – This box is to be used for the supervisor checking report prior to the final submission. *Press "Tab" to move to the next field.*

LINE 43

Officer's Signature	Printed Officers Name	Rank	ID No.	District	Date of Report

Officer's Signature - Sign the report with a black ballpoint pen.

Rank – Enter officer's rank. *Press "Tab" to move to the next field.*

ID No. – Enter officer's ID number. *Press "Tab" to move to the next field.*

District – Enter if District or Division. *Press "Tab" to move to the next field.*

Date of Report – Enter date of report. *Press "Tab" to move to the next field.*

GENERAL INSTRUCTIONS FOR COMPLETING THE DIAGRAM/NARRATIVE

1. A Diagram / Narrative Form may be used for additional narrative, diagram, or other information helpful in clarifying the information found on the original report form. The Uniform Crash Report number, Case Number, Diagram Drawn by, Measurements taken by, and sheet number of the diagram/narrative must be shown. It will be necessary to identify specific location, date of crash, drivers, or owners of vehicles. It will be necessary to identify vehicles as they are numbered on the original report, to identify the county and/or city in which the crash occurred, and the time the crash occurred.

    To access the crash narrative, move mouse pointer over the block. When the pointer turns to crosshairs, left click 2 times. An embedded Word document will appear for you to type in. You may type as if a regular document in this section, and may run spell and grammar checks. Once completed, click onto a field outside of the document you just typed (such as the witness information block). The embedded document will close and you may continue filling in additional blocks.

    Be careful to not move the embedded document. It is unlocked so that you may type in it, so it is possible to move or drag it away from its proper location. If you accidentally move the embedded document, drag it back til the outline matches the original placement of the document. Be careful not to resize the document as it is formatted to fit this block.

Three types of crash diagrams are used:

1. Field sketch which the officer keeps.
2. Finished diagram on the crash report or on an additional 8 ½ x 11 piece of paper (supplementary).
3. A large court exhibit, which can be, completed anytime prior to the court trial.

The diagram should be drawn with the necessary information to provide the reader with a picture of what occurred. A good diagram will clarify the word picture given in the description of what happened.

A ruler or template should be used on all diagrams. Measurements are necessary for reconstruction and should be used on all diagrams. Show the direction of north by an arrow inserted in the circle in the upper right hand corner of the diagram block.

When drawing a diagram, draw vehicles to an approximate scale and number each vehicle as on the first page of the crash report. Label objects with a number and label measurements with a letter.

The horizontal distance from the edge of the driving lane to a struck fixed object

and/or to the final resting position of the crash vehicle is an extremely useful measurement for analyzing highway design standards and should be reported whenever possible.

If you prepare a diagram with a CAD or other type program, you can cut and paste the diagram onto the diagram narrative sheet. Paste as a bitmap, jpeg, gif, or enhanced metafile.

The report is complete.

Final instructions.

If you require additional 1 and 2 sheets do the following:

1.   Locate the tab (at the bottom of the page) titled "UCR Sheet 1-3".

2.   Right click the tab and select "Move or Copy" from the pop-up menu.

3.   Check "Create a Copy", then select "move to end" or where you want to create the copy.

4.   Click "OK"

5.   You now have an additional sheet 1 and 2.

If you require an additional Diagram/Narrative sheets or Diagram Legend sheets do the following:

1.   Locate the tab (at the bottom of the page) titled "Diagram-Narrative".

2.   Right click the tab and select "Move or Copy" from the pop-up menu.

3.   Check "Create a Copy", then select "move to end" or where you want to create the copy.

4.   Click "OK"

5.   You now have an additional Diagram/Narrative sheet or Diagram Legend sheet.

If you do not need any of the sheets (for example, you are doing a supplemental narrative only or you don't need additional Diagram/Narrative sheets) do the following:

1.   Right click on the tab you wish to delete.

2.   Select "Delete" from the pop-up menu.

3.   Click "OK" from the confirmation pop up.

4.   The sheet is now   deleted.

Once you have completed filling out and editing your report do the following:
1. Select "File" from the top left corner of your screen.
2. Select "Save As" from the drop down menu.
3. In the Pop-up the top line will read "Save in". Select where you wish to save the file (Floppy disc, CD, USB drive, My Documents, etc.).
4. In the bottom of the pop-up is a block labeled "File Name".
5. Erase or Type-over "NMDOT UCR1". Enter your agency case #, DOT form number or other unique identifier for this report.
6. Ensure "Save as type" block reads "Microsoft Excel Workbook"
7. Click the "Save" button.
8. Your Report is now saved.

Now print 2 copies of the report; 1 for your agency and 1 for NMDOT. To print do the following:
1. Type "Ctrl P"
2. When the pop-up appears, select your printer.
3. If you only wish to print the current sheet on you screen, select "Active sheet(s)". If you wish to print the entire document (all sheets in the file), select "Entire Workbook".
4. Click the "OK" button.
5. Your report will now print.

SEND A COPY OF THE COMPLETED REPORT TO THE FOLLOWING ADDRESS WITHIN 24 HOURS OF REPORT DATE: NMDOT, CRASH RECORDS SECTION, PO BOX 1149 SANTA FE